

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 534833  
FILING DATE  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1			
TOTAL DEP.			0			
TOTAL CLAIMS			10			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
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TOTAL IND.			1			
TOTAL DEP.			0			
TOTAL CLAIMS			10			